

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-023163

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

38

Primary Registration District No.

3006

Registrar's No.

446

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS:300

Rev. 4/59

10109

21090

3

41

51

6

71

82

9170X

10

11

123-0

133-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

FILED JUL 8 1963

1. PLACE OF DEATH

a. COUNTY Boone

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Columbia

Length of stay in 1b
6 days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Ellis Fischel State Cancer Hospital

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Warren

c. CITY OR TOWN Wright City Inside Limits
Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)
Route 2 Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First Middle Last
Alvina Louise Ambuehl

4. DATE OF DEATH
Month Day Year
June 30 1963

5. SEX

female

6. COLOR OR RACE

white

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

May 5, 1905

9. AGE (last birthday)

58

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10b. KIND OF BUSINESS OR INDUSTRY

none

11. BIRTHPLACE (City and state or country)

Highland, Illinois

12. CITIZEN OF WHAT COUNTRY

United States

13a. FATHER'S NAME

Christ Auer

13b. MOTHER'S MAIDEN NAME

Alvina Kapell Auel

14. NAME OF HUSBAND OR WIFE

Elmer Ambuehl

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

unknown

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

pernicious

INTERVAL BETWEEN ONSET AND DEATH

3 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

metastatic carcinoma

1 yr.

DUE TO (c)

carcinoma of breast

8 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 6/24/63 to 6/30/63 and last saw her on 6/30/63
Death occurred at 6/30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

John B. Cook M.D.

22b. ADDRESS

Ellis Fischel Hospital

22c. DATE SIGNED

6/30/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

7-1-63

23c. NAME OF CEMETERY OR CREMATORY

Highland Cemetery

23d. LOCATION (City, town, or county)

Highland

(State)

Illinois

24. FUNERAL DIRECTOR

ADDRESS

Richberg Funeral Home, Wright City, Mo

25. DATE RECD. BY LOCAL REG.

July 1, 1963

26. REGISTRAR'S SIGNATURE

Mrs R.E. Palmer

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

JAN 12 1967

JUL 29 1967

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

George Kerby

Licensed Embalmer No.

1752

P. O. Address

Columbia, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.